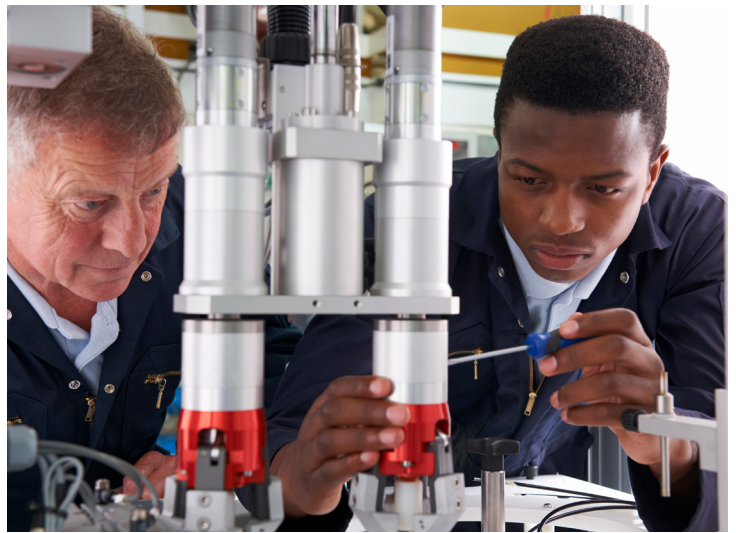


Return to Work Toolkit

*An Employer's Guide to Return to Work
in Washington State*



Return to Work Toolkit

An Employer's Guide to Return to Work in Washington State

This toolkit is a collection of best practices, forms and resources that explain the steps for improving the way a workplace injury and return-to-work opportunities are managed in your business. This guide can — and should — be implemented in any workplace.

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Return to Work Toolkit

Calamity strikes. One of your employees is injured on the job and faces a lengthy recovery. You are concerned about your employee and your business — not to mention the cost of your workers' compensation insurance. By getting your employee back to work as soon as medically possible, you can help your employee, your business and your bottom line.

This booklet explains the importance of “return to work” in assuring the best possible recovery for your employee with the least impact on your business.

IMPORTANCE OF RETURN TO WORK

Numerous occupational health studies have identified a connection between the duration of a workers' compensation claim and long-term loss of earning power. The longer an employee remains off work, the harder it is for them to return to their original job and income. A solid return-to-work program at your company helps an injured employee get back to work quickly and safely.

How you benefit

Providing return to work opportunities for employees injured on the job reduces the financial impact on your workers' compensation premiums and helps their long-term recovery. In addition to reducing claim costs and insurance premiums, an effective return-to-work strategy:

- Retains an experienced employee.
- Keeps productivity levels up.
- Reduces the cost of hiring and training new employees.
- Maintains positive work relationships.
- Creates an opportunity to complete work usually left undone.
- May reduce the risk of re-injury.
- Provides opportunity for reimbursement through the Stay at Work Program.

How your employee benefits

Return to work is key to helping your employee recover quickly. By having an effective return-to-work strategy for your employee and bringing them back to work as soon as medically appropriate after a workplace injury, the employee will benefit by:

- Preserving long-term earning power.
- Keeping them active and engaged in the recovery process.
- Maintaining positive work relationships.

- Shifting focus from “dis-ability” to ability.
- Reducing the risk of re-injury.
- Providing job and financial security.
- Acknowledging that you value their contribution to the company.

CREATING A RETURN-TO-WORK CULTURE

A successful return-to-work program begins with you, the business owner and top management. You must believe in the benefits of a return-to-work culture, and establish a streamlined process where everyone knows their roles and responsibilities.

Engage your employees in the development and discussion of return-to-work. Build their awareness of your expectations. Include your employees to create a collaborative environment where everyone is engaged in your return-to-work culture.



WHAT TO DO BEFORE AN INJURY

- **Establish a strong safety program.** Most workplace injuries are preventable. Refer to safety consultation information in this toolkit
- **Establish written return-to-work policies** (see Sample Return to Work Policy Statement).
 - This information should be part of your new employee orientation, so all employees know what to do when an accident occurs.
- **Designate a return-to-work coordinator.**
 - Report all injuries to your return-to-work coordinator.
 - The coordinator should have the authority to facilitate return to work.
- **Document physical descriptions for all of your company's jobs.**
 - Use the Employer's Job Description (L&I form F252-040-000) to document the physical requirements for each job category.
 - Check the box "Job of Injury" on the form to designate these descriptions as the job the worker normally performs.
- **Identify light-duty jobs before an injury occurs.** Use the Employer's Job Description (L&I form F252-040-000) to document physical descriptions for the light-duty jobs that your company can offer.
 - Check the box "light-duty/transitional" on the form to designate the description as the job a worker can do after an injury occurs.
- **Include employees in the identification and design of light-duty work options.**
- **Create Grab and Go Packets for injured employees.**
 - Create Grab and Go Packets to be given to the employee after a workplace injury. They will take it with them to their attending provider. (Templates in the appendix)
 - The packet should include:
 - » A letter to the attending provider that expresses your company's commitment to return to work.
 - » Employee Incident Report Form
 - » Employee handout: First five steps to your return to work.
 - » The job description for the job of injury.
 - » The job description for the transitional/light-duty job.

What is light duty?

Light duty is work you may offer your employee for them to perform while they recover, within their medical restrictions.

Light duty does not have to be directly related to the work they were performing at the time of injury. It could mean:

- Working shorter hours.
- Completing some original duties part-time and gradually increasing to full-time work.
- Performing different duties with lighter physical demands and growing into their original duties.
- Providing tools, equipment or appliances to help the employee complete their job.
- Creating a new job for the employee within their restrictions while they recover.

WHAT TO DO AFTER AN INJURY

As soon as a workplace injury occurs, you should follow your established return-to-work process.

- **Have your employee seek medical attention immediately.** For death or in-patient hospitalization, call 1-800-423-7233 within eight hours.
- **Submit the employer portion of the Report of Accident** through our online FileFast system.
 - You can monitor the entire claim file on the Claim and Account Center.
- **Stay in contact with your employee.**
 - Let them know that you care and you want them to return to work as soon as possible. Knowing they are missed by their teammates will help speed their recovery.
- **Give your employee a Grab and Go Packet to take to their attending provider appointment.**
- **Ask your employee for the restrictions their attending provider gave them at their medical appointment.**
 - Providers can bill L&I for consultation about return to work, so you may contact the provider to:
 - » Review the job of injury as well as any other light-duty position available to your employee.
 - » Clarify any of the medical restrictions.
 - If you need help communicating with the attending provider, contact the assigned L&I claim manager.
- **Prepare a light-duty job offer for your employee.** Make sure that the physical requirements are within the written restrictions. Engage the employee when identifying light-duty work. Let them know you are confident that they can heal and recover while working.
- **Formally offer the light-duty job to the employee.**
 - Once the attending provider approves the light-duty job description, the best practice is to offer the job to the worker in writing.
 - Contact the claim manager to discuss all job offer requirements.
 - Document the date you send the letter, and include the following elements:
 - » Job title
 - » Supervisor and contact information
 - » Work schedule
 - » Salary and health care benefits
 - » Location
 - » Start date and time
- **Conduct an incident investigation.**
 - Determine root causes and identify solutions to prevent similar incidents, and then document the investigation using the Incident Investigation Report.

Ideas for creating a light-duty job description

Include employees and unions in the process and ask for their suggestions.

Consider adapting existing jobs or reorganizing current job tasks.

Visit the Job Accommodation Network, www.askJAN.org, for ideas on how to modify your current job positions into light-duty job descriptions.

JOB MODIFICATIONS AND PRE-JOB ACCOMMODATIONS

What is a job modification?

A job modification is an adjustment or alteration to the way a job is performed. The modification may be temporary or permanent. Some workers may be eligible for an L&I benefit assisting with a job modification.

What is a pre-job accommodation?

This is an accommodation that may allow a worker to participate in a retraining plan or to be employable.

When does L&I offer financial assistance with job modifications?

For eligible workers, L&I may provide financial assistance with job modifications for up to \$10,000. L&I may pay for a consultation and special equipment or tools so that the worker can return to their job of injury, or a new job. To be eligible for the L&I benefit a worker must:

- Have an open and allowed claim (self-insurance employers are eligible for reimbursements after the fact).
- Be off work or have been taken off work in the past.
- Be placed on restrictions by the attending provider that prevent them from doing their regular job due to the effects of the industrial injury or occupational condition.

Example of a job modification:

A worker developed carpal tunnel syndrome due to gripping small pliers during mechanical work.

Restrictions included reducing the amount of force needed to grasp tools.

Modification: Worker was equipped with pliers designed with larger and longer handles to reduce grip force.

What is the process for requesting the L&I benefit?

Contact the claim manager. You must identify any existing work restrictions at the time of the request.

A number of involved parties may request a job modification: attending provider, consulting provider, vocational rehabilitation counselor, claim manager, third party administrator, and worker.

Either the employer or the worker may own the equipment or tools L&I purchases as part of a job modification. Both parties must sign an agreement specifying ownership. Typically, the employer will own the non-portable items and items bolted to the work site.

How can I get more information about L&I's job modification benefit?

Visit L&I's Job Modification website: www.Lni.wa.gov/JobModification

- Call the assigned claim manager.

Example of a pre-job accommodation:

A worker was participating in a retraining plan as a computer operator at a local college.

Restriction: Due to a shoulder injury, they could not carry required books to class.

Accommodation: Rolling book bag. Using job modification funding to purchase the bag, the worker no longer had to carry their books and was able to complete their training.

EMPLOYER INCENTIVES

In order to help you establish a return-to-work culture at your business, we offer financial incentives that can benefit your injured employee and your company's financial health.

Stay at Work Program

Stay at Work is a financial incentive that helps employers keep injured workers on the job by bringing them quickly and safely back to light-duty or transitional work. Eligible employers may receive reimbursement for the following:

Stay at Work Program	Date of injury prior to 1/1/2025	Date of injury on or after 1/1/2025
50% of the worker's wages	Up to 66 working days (max \$10,000)	Up to 120 working days (max \$25,000)
Tools and Equipment	Up to \$2,500	Up to \$5,000
Training	Up to \$1,000	Up to \$2,000
Clothing	Up to \$400	Up to \$1,000

*Limits are per claim.

Wage reimbursements

For wage reimbursements, L&I will need:

A completed Stay at Work wage reimbursement application. Apply online at www.Lni.wa.gov/MyL&I.

- Payroll information:
 - Payroll records and daily timesheets
- A description of physical restrictions from the attending provider.
 - If the information is in the claim file, you don't need to send it in.
 - You can view the claim file at www.Lni.wa.gov/MyL&I.
- Light-duty or transitional job description that is complete and provider-approved.
 - It must include the tasks and physical requirements of the job.

Expense reimbursements

For expense reimbursements, L&I will need:

- A completed Stay at Work expense reimbursement application. Apply online at www.Lni.wa.gov/MyL&I.
- Itemized receipts for the goods and services you purchased.
 - Must include purchase date.
 - Must be purchased on or after the date you made the light-duty job offer.
- A description of physical restrictions from the attending provider.
- A light-duty or transitional job description that is complete and provider-approved.

To learn more about the Stay at Work Program and eligibility go to www.Lni.wa.gov/StayAtWork.

PREFERRED WORKER PROGRAM

When a worker is unable to return to their job of injury due to permanent medical restrictions, L&I may certify them as a preferred worker. Employers who hire a preferred worker for a medically appropriate job may qualify for financial incentives.

Eligible employers may receive:

- Financial protection against subsequent claims while the employee is a preferred worker.
- Premium relief on a portion of your premiums.
- Wage and expense reimbursements:

Preferred Worker Program	Date of injury prior to 1/1/2025	Date of injury on or after 1/1/2025
50% of the worker's wages	Up to 66 working days (max \$10,000)	Up to 120 working days (max \$25,000)
Tools and Equipment	Up to \$2,500	Up to \$5,000
Clothing	Up to \$400	Up to \$1,000
Continuous Employment Incentive	10% of the first 12 months of wages (max \$10,000)	\$25,000

*Limits are per worker certification period.

To learn more about the Preferred Worker Program and eligibility go to www.Lni.wa.gov/PreferredWorker.

CLAIM-FREE DISCOUNT

If you prevent workplace injuries, you can qualify for a Claim-Free Discount. Employers qualify for a Claim-Free Discount after three years without a “compensable” claim involving time-loss or permanent disability award.

The discount saves employers between 10-40% from the base insurance rate for their risk class, depending on the company size. To learn more about the Claim-Free Discount go to www.Lni.wa.gov/ClaimFreeDiscount.

For questions about your account, contact your account manager at 360-902-4817.

L&I RESOURCES

Claim Manager

L&I claim managers are instrumental in preventing work disability by facilitating a quick and successful return-to-work. They monitor the claim for appropriate medical and vocational needs, and review and consider authorizations for medical treatment and equipment.

The claim manager will communicate with the business to review all return-to-work options. If needed, a vocational referral is created to assist all parties. The acting vocational rehabilitation counselor will engage the worker regarding return to work and submit progress and closing reports. The claim manager will monitor the vocational progress and close vocational services when appropriate.

Working with the private vocational rehabilitation counselor to aid in vocational recovery and prevent work disability is essential to successful claim management.

Vocational Recovery Services

Vocational recovery services are generally the first referral made for vocational services on a claim. This service represents an evidence-informed, worker-centric work disability prevention model for returning workers to work.

During vocational recovery services, the vocational rehabilitation counselor (VRC) will engage with the worker, employer, and medical providers to prevent unnecessary delays, prevent a confusing process, prevent unnecessary duration, and prevent unrealistic return-to-work expectations.

Based on the worker's goals, the VRC will explore return-to-work options, and will work with the worker, medical provider, employer, and local WorkSource locations.

Contact the assigned claim manager for questions about vocational services.

Early Return to Work Consultation

The Early Return to Work Consultation (ERTWC) team provides return-to-work planning assistance to employers. ERTWC vocational services specialists (VSS) work with the employer to remove barriers to maintain employment by offering education, support, and tools. Services provided:

- Identify specific job tasks for light-duty work.
- Assist in designing return-to-work programs for current and future use.
- Create job analyses and/or light duty job descriptions.
- Provide ergonomic and job modification consultations.
- Educate employers on light duty and the Stay at Work program.

To contact the ERTWC team, call your local L&I office or send an email to ERTW@Lni.wa.gov.

DIVISION OF OCCUPATIONAL HEALTH AND SAFETY (DOSH)

Risk management

A risk management consultant can meet with you to help you review your workers' compensation premiums and explain how your premiums are calculated. They can assess your current business operations to identify injury trends and costs unique to your account, and identify useful safety and return-to-work strategies to help you mitigate or minimize potential rate increases to protect your future rates.

DOSH consultation

The best injury is one that doesn't happen. L&I's Division of Occupational Safety and Health (DOSH) provides free on-site consultations to help employers create safe and healthy workplaces. They also provide free training, safety and health programs and other resources to help prevent, find and fix hazards.

To schedule a consultation with a risk manager or DOSH consultant, email DOSHConsultation@Lni.wa.gov or call your local L&I office or 1-800-423-7233.

CONTACT INFORMATION

L&I is here to help you create your return-to-work culture. Don't hesitate to reach out if you have questions or need assistance.

Claim-Free Discount	www.Lni.wa.gov/ClaimFreeDiscount	Account manager: 360-902-4817
DOSH consultation	www.Lni.wa.gov/DOSHConsultation	Call your local office or email DOSHconsultation@Lni.wa.gov
Early Return to Work Consultation	www.Lni.wa.gov/EarlyReturnToWork	Email ERTW@Lni.wa.gov or call 360-902-5555
FileFast	www.Lni.wa.gov/FileFast	360-902-5470 or 1-877-561-3453
Job Modification	www.Lni.wa.gov/JobModification	
My L&I	www.Lni.wa.gov/MyL&I	Web Customer Support (for technical issues): 360-902-5999
Stay at Work Program	www.Lni.wa.gov/StayAtWork	1-866-406-2482
Preferred Work Program	www.Lni.wa.gov/PreferredWorker	1-800-845-2634
L&I office locations	www.Lni.wa.gov/Offices	

TEMPLATES IN THIS TOOLKIT

All the templates are samples and you are encouraged to implement the policies and return- to- work culture that works best for you and your employees.

Return to Work Policy Statement – Use this to start the conversation with your employees about your return-to-work policy. This lets them know that if they are injured, you have work for them so they can quickly and safely return to work.

Roles and Responsibilities – This form will help you and your team clearly know who is responsible for what in the event of an emergency.

Employee Incident Form – Strengthen your safety culture by filling this out after any near miss or injury. This will help develop awareness of opportunities to enhance employee safety moving forward.

First Five Steps to Your Return to Work – Include in your Grab and Go packet as a reminder to the employee of return-to-work opportunities.

Return-to-Work Checklist for Supervisors – Send this to supervisors for follow up when an employee is injured as a reminder of the supervisor role and responsibility.

Supervisor Incident Investigation Report – This is the supervisor’s opportunity to review the employee’s incident form and provide additional information or safety recommendations. This information can complement your safety team’s work in prevention strategies.

Employer’s Job Description (L&I form F252-040-000) – It is recommended you have two or three light-duty job descriptions included in your Grab and Go packets that your employee can take with them to the provider when injured to discuss light-duty options available for the employee to start right away.

Sample Letter to the Attending Provider – Use when you, as the employer, are working to obtain a medical release for a light duty or permanent position from the attending provider. Always send a copy of the job description to your employee when asking the provider about their ability to work.

Sample Job Offer letters - While these are samples, if you choose to create your own letters, it is highly encouraged to connect with the claim manager to discuss what they need for a job offer to be valid. Best practice is to engage the claim manager in this discussion to ensure you receive the needed information and support for a successful return to work.

My Claim Contacts – The worker can use this to keep track of the contacts they work with regarding their claim. It can come in handy when you need to contact someone with a quick question.

GRAB AND GO PACKETS FOR INJURED EMPLOYEES

Your packets may include:

- A cover letter to the attending provider that expresses your company’s commitment to return to work.
- Employee Incident Report Form
- Employee handout: First five steps to your return to work.
- The job description for the job of injury.

- The job description for the transitional/light-duty job.

RETURN TO WORK POLICY STATEMENT

Provide a return-to-work policy statement to all employees.

[Company name] is committed to providing a safe and healthy workplace for its employees and the prevention of workplace injury and illness is a primary objective.

In the event an employee is injured on the job, [Company name] has implemented a return-to-work process. This process will provide injured or ill employees with the opportunity to return to safe, productive work as soon as medically possible.

The ultimate goal is to return the employee to their original job. If the employee is unable to perform the tasks of the original job, the employer will follow the return-to-work process to attempt to provide light-duty work that meets with the approval of the attending health care provider.

The support and participation of management and all employees is essential to the success of the return-to-work process and [Company Name].

ROLES AND RESPONSIBILITIES

The following are for the employer to use in company policy or guidelines.

Employee responsibilities:

- Understand our procedure for reporting injuries.
- Know, follow, and support our return-to-work program.
- Assist in the creation of possible light-duty work by providing your input to your supervisor.
- If you are injured on the job:
 - Take the letter and job descriptions provided by your supervisor to your attending provider to help explain our company's return-to-work process.
 - Tell the attending provider that light duty is available.
 - Call your supervisor or Human Resources representative regularly to update them on your work status.
 - Follow medical restrictions at home and at work.
 - Inform your supervisor or Human Resources representative immediately if your attending provider changes your restrictions or releases you to work.

Owner/manager/supervisor responsibilities:

- Support our return-to-work program.
- Train employees on proper reporting of incidents and injuries, as well as your return-to-work procedures; make sure they know their responsibilities.
- Create light-duty assignments that are meaningful and productive.

- Include your employees and union in the development.
- Follow Human Resources protocols and hiring practices.
 - An effective return-to-work program begins during the initial interview.
- If an employee is injured on the job:
 - Provide employee with letter and light-duty job description to take to the first medical appointment.
 - Ensure all necessary forms are completed and returned.
 - Contact the employee to ask about any changes in their work status:
 - » Express concern for your employee's health and recovery.
 - » Provide information to your return-to-work coordinator.

Return-to-work coordinator responsibilities:

- Support our return-to-work program.
- Individualize planning and adapt coordination to the injured worker's needs.
- Maintain ongoing communication with all parties involved.
- Ensure all parties understand their responsibilities.

EMPLOYEE INCIDENT REPORT FORM

Your employees may use this form to report all work related-injuries, illnesses or “near miss” events (which could have caused an injury or illness) – no matter how minor. This helps you to identify and correct hazards before they cause serious injuries. The employee must complete this form as soon as possible and give it to their supervisor for further action.

I am reporting a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near miss	
Your name:	
Job title:	
Supervisor:	
Have you told your supervisor about this injury/near miss? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of injury/near miss:	Time of injury/near miss:
Names of witnesses (if any):	
Where, exactly, did it happen?	
What were you doing at the time?	
Describe step by step what led up to the injury/near miss (continue on the back if necessary):	
How could we have prevented this injury/near miss?	
What parts of your body were injured? If a near miss, how could you have been hurt?	
Did you see an attending provider about this injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, whom did you see?	Attending provider 's phone number:
Date:	Time:
Has this part of your body been injured before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	Employer:
Your signature (optional):	Date:

FIRST FIVE STEPS TO YOUR RETURN TO WORK

Give this to an employee who suffers a workplace injury or illness.

<p>1. Report your injury/illness to your supervisor or HR right away.</p> <ul style="list-style-type: none"> ✓ Discuss: Can you remain at work? ✓ Complete Employee Incident Report form. ✓ Get the attending provider letter, job description of current job and job description of light-duty job. 	<input type="checkbox"/>
<p>2. If you seek medical care</p> <ul style="list-style-type: none"> ✓ File a claim with L&I. ✓ www.Lni.wa.gov/FileFast. 	<input type="checkbox"/>
<p>3. Communicate with your medical provider.</p> <ul style="list-style-type: none"> ✓ Give your attending provider your claim number if you have already filed online or by phone. <ul style="list-style-type: none"> i. If not, your attending provider can file for you. ✓ Is it safe for you to return to your regular duties? ✓ Is it safe for you to return to work to transitional duties? Let them know your employer supports this. ✓ Are any activities you should avoid or limit? ✓ If there are restrictions, tell the attending provider that your employer supports your return to work, and give them the attending provider letter and job descriptions. 	<input type="checkbox"/>
<p>4. Call or see your local/designated Human Resources (HR) contact.</p> <ul style="list-style-type: none"> ✓ Provide a copy of the <i>Activity Prescription Form</i> to your supervisor or HR contact. ✓ Talk to your supervisor or HR contact about: <ul style="list-style-type: none"> i. Why it is important for you to return to work? ii. What did your attending provider say about returning to work? iii. What is transitional duty? ✓ Report any changes in work status. 	<input type="checkbox"/>
<p>5. Follow all of your attending provider's restrictions at home and at work.</p>	<input type="checkbox"/>

Five steps to return to work reviewed with the worker on (date) .

Worker signature/date

Employer signature/date

RETURN TO WORK CHECKLIST FOR SUPERVISORS

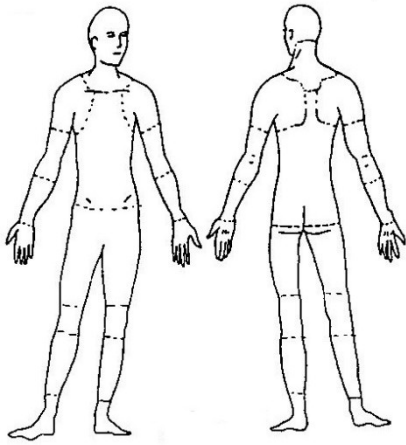
Give this checklist to all of your supervisors to use if one of their employees is injured.

Steps to follow the first day of an injury:

1. Talk to the employee. Let them know you are here to help.	<input type="checkbox"/>
2. Provide the worker with a letter for the attending provider that states our company's intention to assist our employees in returning to work.	<input type="checkbox"/>
3. Provide the worker with the job description of the job of injury and any pre-identified light-duty job descriptions to give to their attending provider.	<input type="checkbox"/>
4. At the time of the first medical treatment, get the claim number from the employee — it will be on the <i>Report of Accident</i> form.	<input type="checkbox"/>
5. Immediately complete the <i>Employers Report of Accident form</i> electronically at www.Lni.wa.gov/FileFast .	<input type="checkbox"/>
6. Establish an individual claim file to keep copies for all paperwork relating to the claim.	<input type="checkbox"/>
7. Check in with the employee. <ul style="list-style-type: none"> ✓ Let them know you are eager to have them back when it is medically appropriate. ✓ Did the medical provider say it is safe for them to return to work at regular duties? ✓ Did the medical provider say it is safe for them to return to a light-duty job? <ul style="list-style-type: none"> i. Confirm that they know what activities to avoid or limit. 	<input type="checkbox"/>
8. Investigate the industrial accident within 24 hours of the incident to identify potential hazards and revise safety procedures, if necessary.	<input type="checkbox"/>
9. Report a death or in-patient hospitalizations within eight hours, report a non-hospitalized amputation or loss of eye within 24 hours. <ul style="list-style-type: none"> • To report call 1-800-423-7233 or visit an L&I office and ask to speak with a DOSH employee. 	<input type="checkbox"/>

INCIDENT INVESTIGATION REPORT

Complete this form as soon as possible after an incident that results in serious injury or illness (optional: use it to document a minor injury or near miss that could have resulted in a serious injury or illness).

This is a report of a: <input type="checkbox"/> Death <input type="checkbox"/> Lost Time <input type="checkbox"/> Dr. Visit Only <input type="checkbox"/> First Aid Only <input type="checkbox"/> Near Miss			
Date of incident:		This report is made by: <input type="checkbox"/> Employee <input type="checkbox"/> Supervisor <input type="checkbox"/> Team <input type="checkbox"/> Final Report	
Step 1: Injured employee (complete this part for each injured employee)			
Name:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Department:		Job title at time of incident:	
Part of body affected (shade all that apply):		Nature of injury (most serious one): <input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Hernia <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system: <input type="checkbox"/> Other _____	This employee works: <input type="checkbox"/> Regular full time <input type="checkbox"/> Regular part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary
			Months with this employer: Months doing this job:
Step 2: Describe the incident			
Exact location of the incident:			Exact time:
What part of employee's workday? <input type="checkbox"/> Entering or leaving work <input type="checkbox"/> Doing normal work activities <input type="checkbox"/> During meal period <input type="checkbox"/> During break <input type="checkbox"/> Working overtime <input type="checkbox"/> Other			
Names of witnesses (if any):			
Number of attachments:	Written witness statements:	Photographs:	Maps / drawings:
What personal protective equipment was the employee using (if any)?			
Describe, step-by-step, the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.			

Step 3: Why did the incident happen?

Unsafe workplace conditions (check all that apply):

- Inadequate guard
- Unguarded hazard
- Safety device is defective
- Tool or equipment is defective
- Workstation layout is hazardous
- Unsafe lighting
- Unsafe ventilation
- Lack of needed personal protective equipment
- Lack of appropriate equipment / tools
- Unsafe clothing
- No training or insufficient training
- Other: _____

Unsafe acts by people (check all that apply):

- Operating without permission
- Operating at unsafe speed
- Servicing equipment that has power to it
- Making a safety device inoperative
- Using defective equipment
- Using equipment in an unapproved way
- Unsafe lifting by hand
- Taking an unsafe position or posture
- Distraction, teasing, horseplay
- Failure to wear personal protective equipment
- Failure to use the available equipment / tools
- Other: _____

Why did the unsafe conditions exist?

Why did the unsafe acts occur?

Is there a reward (such as "the job can be done more quickly," or "the product is less likely to be damaged") that may have encouraged the unsafe conditions or acts? Yes No

If yes, describe:

Were the unsafe acts or conditions reported prior to the incident? Yes No

Have there been similar incidents or near misses prior to this one? Yes No

Step 4: How can future Incidents be prevented?

What changes do you suggest to prevent this incident/near miss from happening again?

- Stop this activity Guard the hazard Train the employee(s) Train the supervisor(s)
- Redesign task steps Redesign work station Write a new policy/rule Enforce existing policy
- Routinely inspect for the hazard Personal Protective Equipment Other: _____

What should be (or has been) done to carry out the suggestion(s) checked above?

Step 5: Who completed and reviewed this form? (Please Print)

Written by: Department:	Title: Date:
Names of investigation team members:	
Reviewed by:	Title: Date:

SAMPLE LETTER TO ATTENDING PROVIDER

Send this letter on company letterhead to the attending provider or send with employee to their first medical appointment. Attach a copy of their current job description and the light-duty job description.

RE: (Worker name)

Claim number ()

Dear (attending provider name),

(Company name) is committed to assisting our injured employees in returning to work as soon as medically possible. Attached is a job description for the position of (job title).

This position is for (restricted/light-duty, transitional work, job of injury, modified job of injury, new job or other option.).

Please review and respond to the job description, outlining any needed modifications. If our employee is not able to work, please indicate what physical restrictions prevent return to work at this time. This position is currently available and we are waiting for your approval.

We would appreciate your faxing the job description to us at (company fax number) at your earliest opportunity. If you have questions or concerns, please call me at (Company phone number). Thank you for your assistance with our employee's return to work.

Sincerely,

(Company claim representative's name)

(Company name)

cc: (L&I claim manager's name - if known)

Department of Labor & Industries

Enclosure: Job Description

SAMPLE PERMANENT JOB OFFER LETTER

Please contact the claim manager to discuss all job offer requirements.

RE: Claim number ()

Dear (name),

We are pleased to offer you work which is expected to continue into the foreseeable future. Your attending provider released you to perform the work activities outlined in the attached job analysis/description.

Please report for work to (supervisor), on (date and time), at (location address). Your supervisor can be contacted at (telephone number).

Your work schedule will be (scheduled hours/scheduled days). You will be paid \$() per hour.

{Your health care benefits will resume at the level provided at the time of injury.} or

{We are unable to offer the same health care benefits due to a change in our benefit program.}).

If your job involves fewer hours or reduced wages, you may be eligible for Loss of Earning Power (LEP) benefits. Contact your L&I claim manager for more information.

If you want to return to work earlier or need more time, please call to discuss. We are happy to work with you.

You are a valued employee, and it is our goal that this job will support your return to work. If you have difficulty performing the tasks assigned, you must notify your supervisor immediately.

Your signature below acknowledges that you have reviewed this job offer. Declining may affect compensation benefits.

- Yes, I accept this offer.
- No, I don't accept this offer (please comment below).

Sincerely,

Worker's signature

Date

cc: Claims Manager
Vocational Provider
Attending Provider

Enc: Approved Job Analysis/Description
Self-Addressed Stamped Envelope

SAMPLE LIGHT-DUTY JOB OFFER LETTER

Please contact the claim manager to discuss all job offer requirements.

RE: Claim number ()

Dear (name),

We are pleased to offer you temporary work while you recover. Your attending provider released you to perform the work activities outlined in the attached job analysis/description.

Please report for work to (supervisor), on (date and time), at (location Address). Your supervisor can be contacted at (telephone number).

Your work schedule will be (scheduled hours/scheduled days). You will be paid \$() per hour.

{Your health care benefits will resume at the level provided at the time of injury.} Or

{We are unable to offer the same health care benefits due to a change in our benefit program}

If your job involves fewer hours or reduced wages, you may be eligible for Loss of Earning Power (LEP) benefits. Contact your L&I claim manager for more information.

If you want to return to work earlier or need more time, please call to discuss. We are happy to work with you.

It is our goal that this temporary assignment will aid you in your recovery while you transition back into full work activities. You are a valued employee, and it is our goal that this job will support your return to work. If you have difficulty performing the tasks assigned, you must notify your supervisor immediately.

Your signature below acknowledges that you have reviewed this job offer. Declining may affect compensation benefits.

- Yes, I accept this offer.
- No, I don't accept this offer (please comment below).

Sincerely,

Worker's signature

Date

cc: Claims Manager
Vocational Provider
Attending Provider

Enc: Approved Job Analysis/Description
Self-Addressed Stamped Envelope

MY CLAIM CONTACTS

Use this template in your return-to-work toolkit for both employees and supervisors.

Contact type	Name of contact	Phone number	Email
Work Supervisor			
Human Resources			
Attending Provider			
Vocational Provider (if any)			
L&I Claim Manager			<i>Send a secure message through My L&I</i>
Other			

Upon request, language support and formats for persons with disabilities are available. Call 1-800-547-8367. TDD users, call 711. L&I is an equal opportunity employer.

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